STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

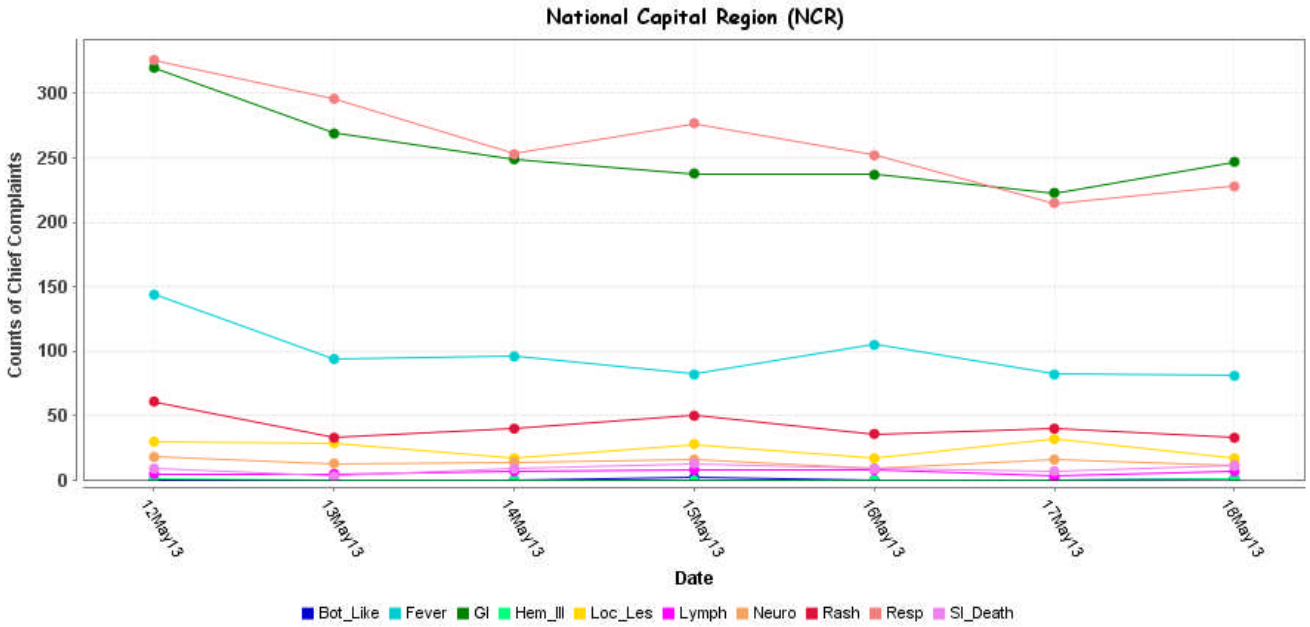
May 23, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:20
Reporting for the week ending 05/18/13 (MMWR Week #20)

CURRENT HOMELAND SECURITY THREAT LEVELS

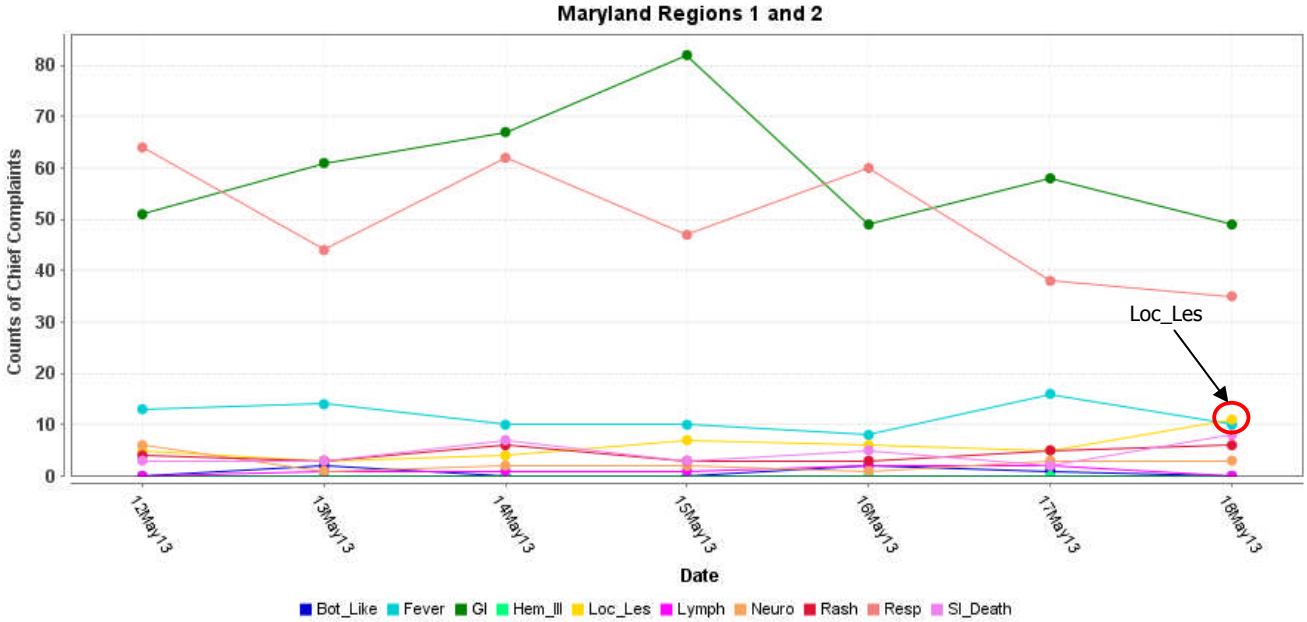
National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

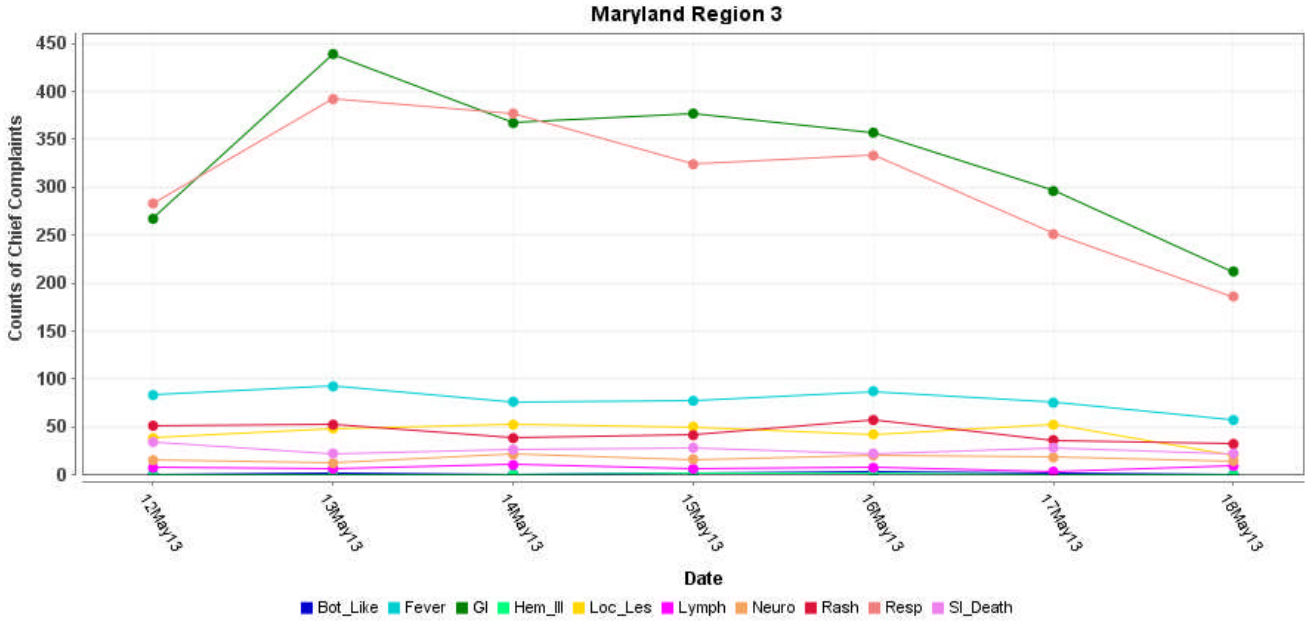


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

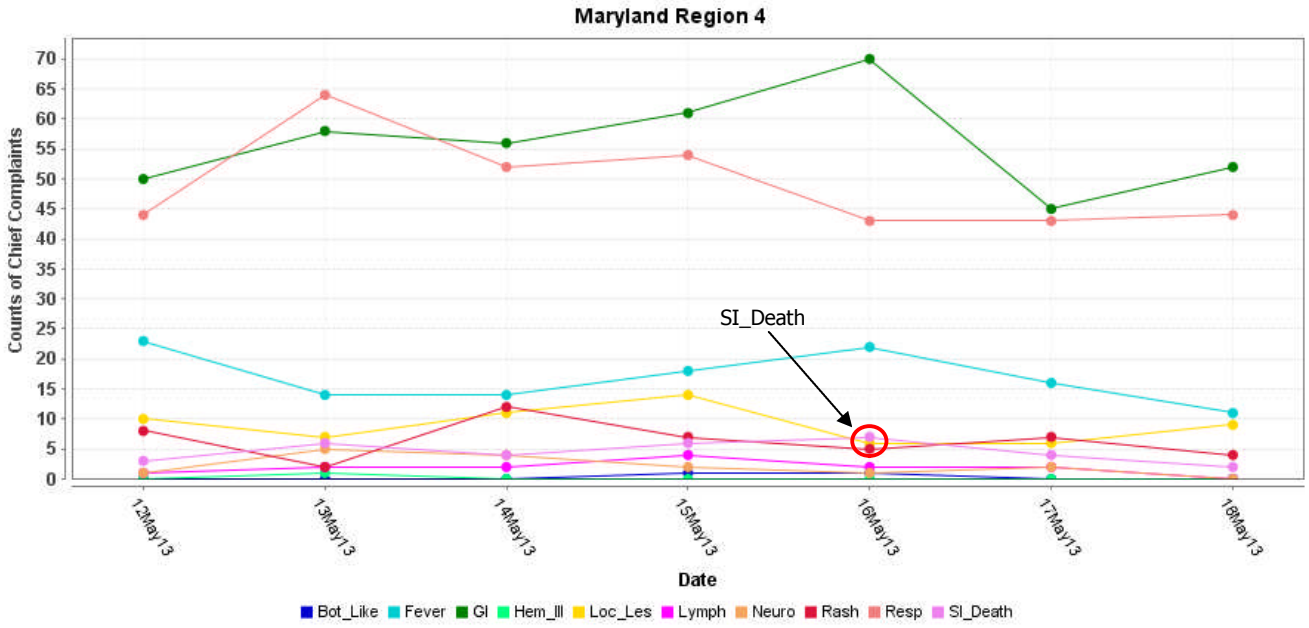
MARYLAND ESSENCE:



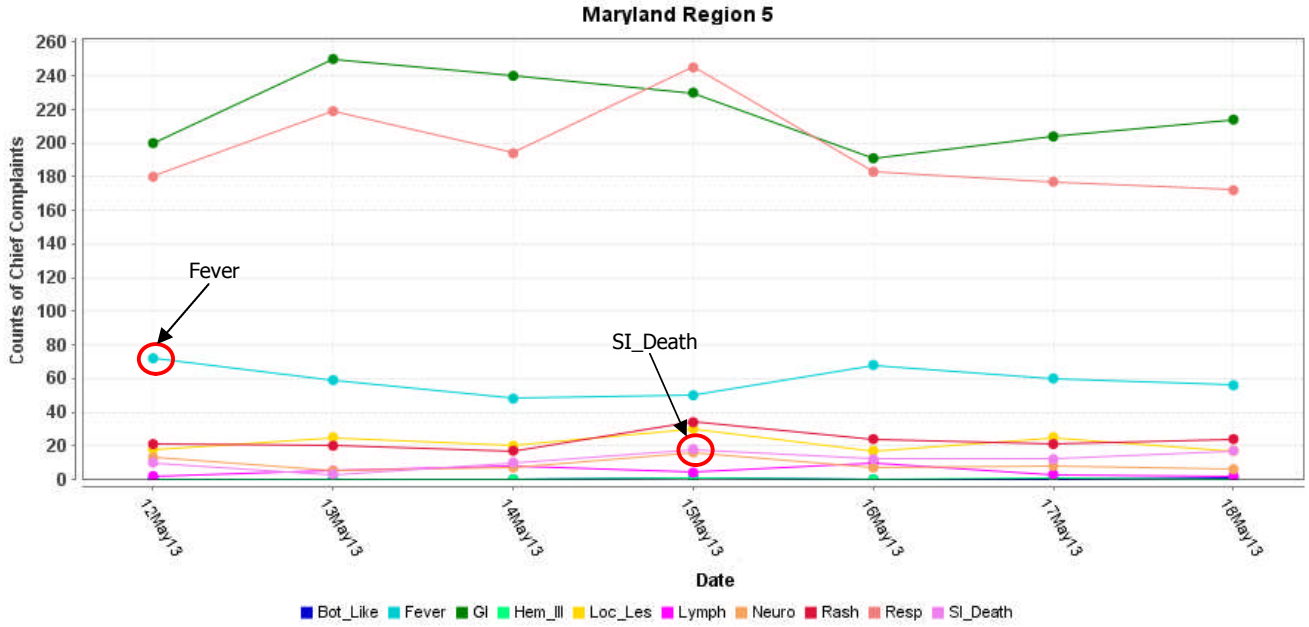
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



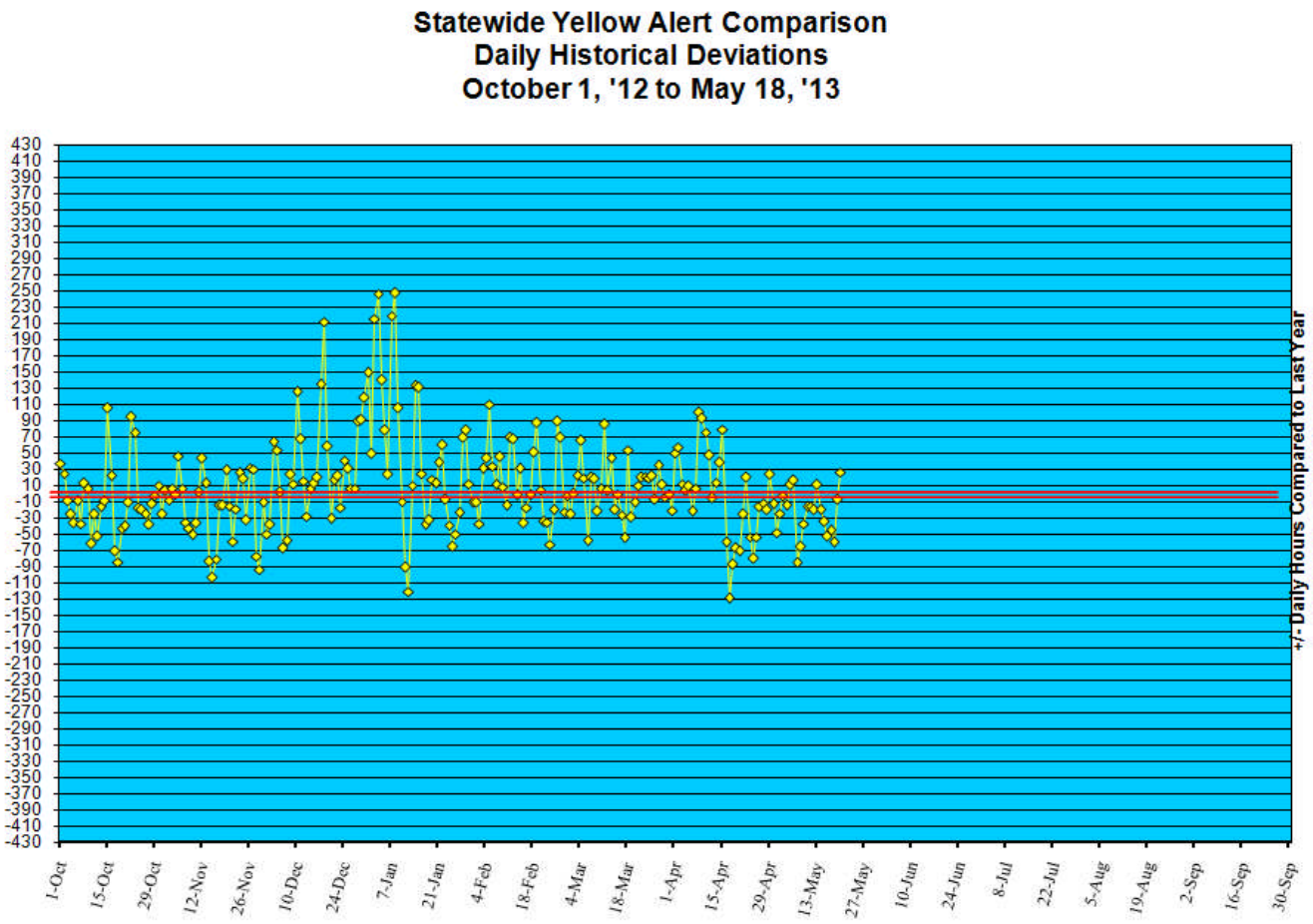
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in March 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (May 12 – May 18, 2013):	9	0
Prior week (May 5 – May 11, 2013):	3	0
Week#20, 2012 (May 14 – May 20, 2012):	12	0

7 outbreaks were reported to DHMH during MMWR Week 20 (May 12 – May 18, 2013)

4 Gastroenteritis Outbreaks
2 outbreaks of GASTROENTERITIS in Assisted Living Facilities
1 outbreak of GASTROENTERITIS associated with an Adult Daycare Facility
1 outbreak of GASTROENTERITIS associated with a School

1 Foodborne Outbreak
1 outbreak of SCROMBROID POISONING associated with a Restaurant

1 Respiratory Illness Outbreak
1 outbreak of LEGIONELLOSIS associated with a Hotel

1 Rash Illness Outbreak
1 outbreak of SCABIES in a Nursing Home

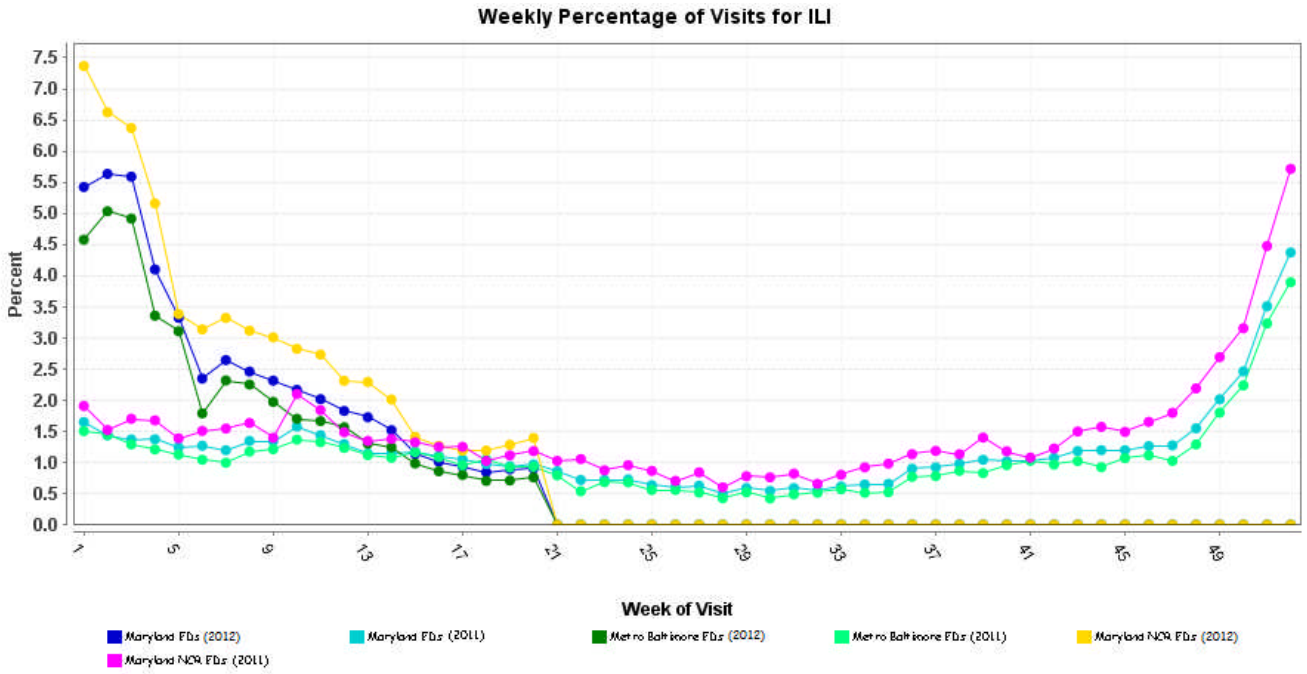
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 20 was: Sporadic Activity with Minimal Intensity.

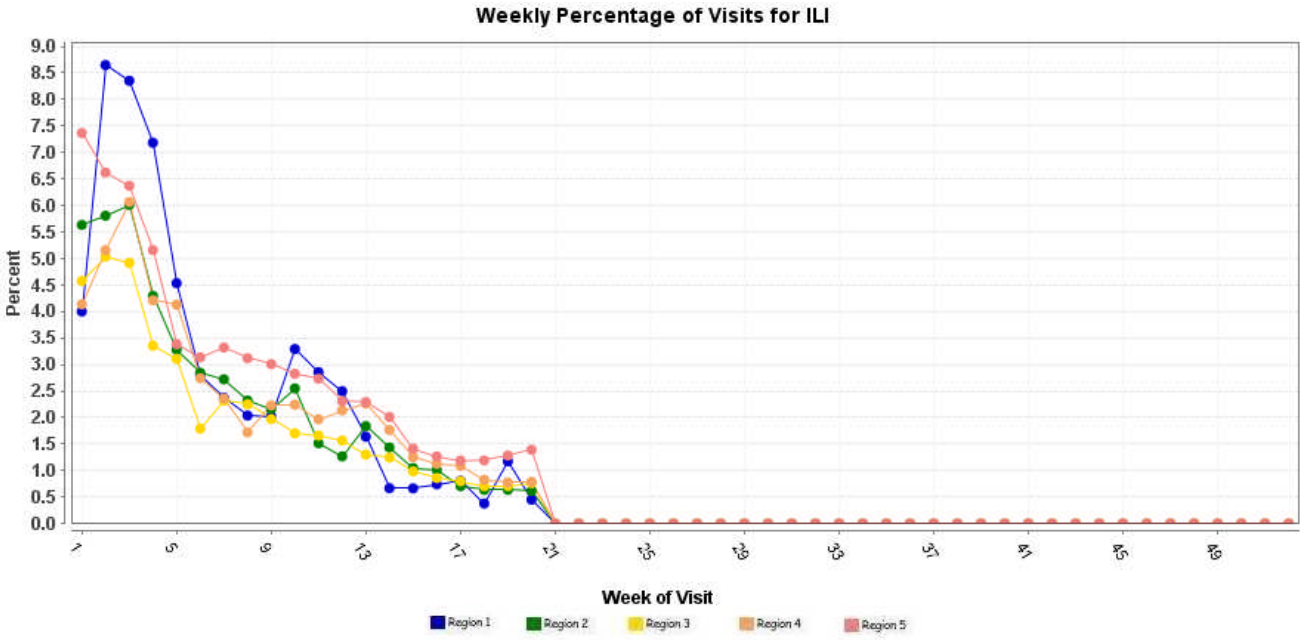
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



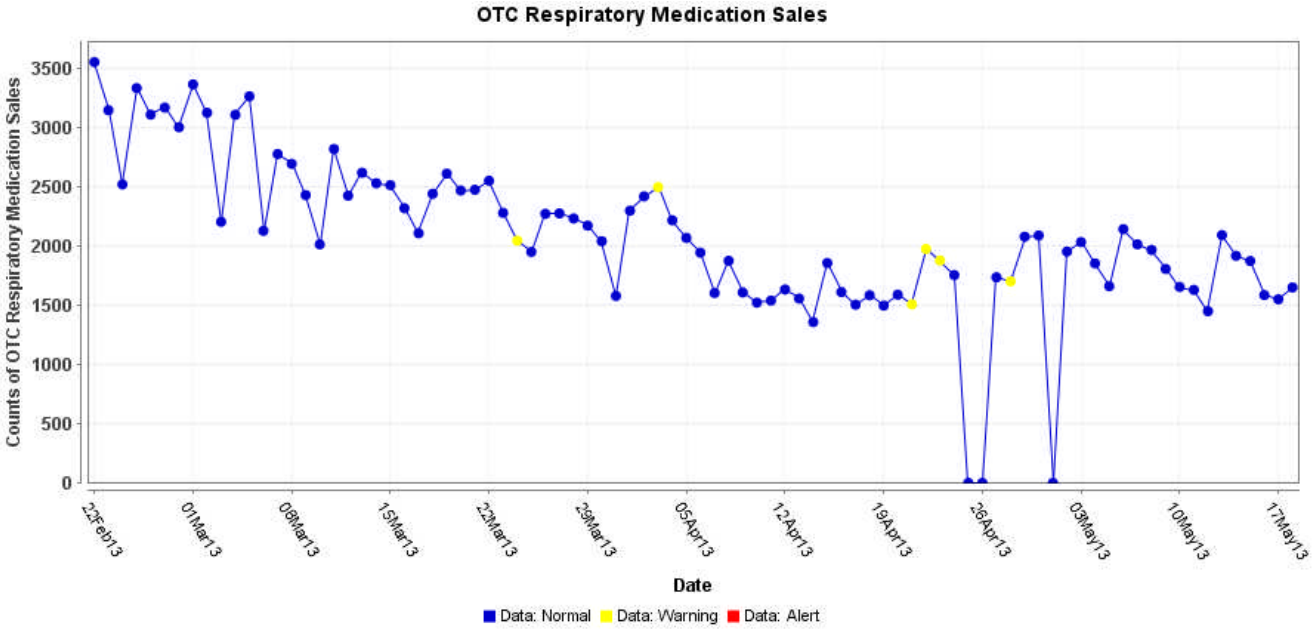
* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.
As of April 26, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 628, of which 374 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 60%.

AVIAN INFLUENZA (CHINA): 17 May 2013, Since 8 May 2013, no new laboratory-confirmed cases of human infection with avian influenza A(H7N9) have been reported to WHO by the National Health and Family Planning Commission, China. However, 4 additional deaths have been reported from previously laboratory-confirmed cases. To date, therefore, WHO has been informed of a total of 131 laboratory-confirmed cases, including 36 deaths. Authorities in affected locations continue to maintain enhanced surveillance, epidemiological investigations, close contact tracing, clinical management, laboratory testing and sharing of samples, as well as prevention and control measures. In the past week, the Shanghai and Zhejiang provincial governments have started to normalize their emergency operations into their routine surveillance and response activities. WHO offices in country, regional, and headquarters continue to work closely to ensure timely information updates. Until the source of infection has been identified and controlled, it is expected that there will be further cases of human infection with the virus. So far, there is no evidence of sustained human-to-human transmission. WHO does not advise special screening at points of entry with regard to this event nor does it currently recommend any travel or trade restrictions. WHO continues to work with Member States and international partners. WHO will provide updates as the situation evolves.

NATIONAL DISEASE REPORTS*

SALMONELLOSIS (USA): 17 May 2013, Two Minnesota infants have fallen ill with salmonellosis after eating a brand of tahini sesame paste that is the subject of a multistate recall, state officials said Fri 17 May 2013. Consumers are being directed to not eat Krinos brand tahini from the affected batches. The product was recalled on 28 Apr 2013 by the U.S. Food and Drug Administration (FDA) after the Michigan Department of Agriculture found salmonellae in routine sampling. Further testing by the FDA found salmonella in other samples from the same brand, and the strains matched the DNA fingerprint of salmonella associated with a small multistate cluster of cases. Neither of the Minnesota children was hospitalized, and both are recovering. Samples of tahini from the homes of the affected Minnesota children have been collected and are being analyzed by the Minnesota Department of Agriculture. The Minnesota Department of Health has confirmed that the infections in the Minnesota cases match the 2 strains identified by the FDA. State officials said the product should be thrown out and the lid from the product returned to Krinos for a refund. The Krinos brand tahini sesame paste was distributed nationwide through retail stores. It is sold in 1- and 2-pound jars, and in 40-pound pails. The recalled lots have a code stamped on the lid of EXP JAN 01 -- 2014 up to and including EXP JUN 08 -- 2014 and EXP OCT 16 -- 2014 up to and including EXP MAR 15 -- 2015. Salmonellosis has been on the upswing in the USA in recent years, with at least 6 multistate food-borne outbreaks reported by the FDA in 2013. The nation records about 42 000 cases of the illness each year. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (NORTH CAROLINA): 17 May 2013, The number of salmonella cases in Fayetteville continues to rise, with a total of 51 people showing symptoms of the bacterial infection, Cumberland County health officials said Fri 17 May 2013. The number marks an increase from the 44 cases reported on Thu 16 May 2013 and the 16 1st reported Tue 14 May 2013. Five people have been hospitalized. All of the patients reported eating at the Holiday Inn Bordeaux in Fayetteville, and health officials are asking anyone who has eaten or had anything to drink at the hotel since 1 May 2013 to be aware of symptoms, including diarrhea, fever and abdominal cramps. The hotel has 2 restaurants: All American Sports Bar and Grill and The Cafe Bordeaux. There is also a banquet kitchen. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI EHEC (GEORGIA): 17 May 2013, District 2 Public Health officials confirm they are investigating more than a half-dozen cases of *E. coli*-related illnesses in Stephens County [Georgia USA]. District 2 Public Health spokesman Dave Palmer said Friday night [17 May 2013] officials are trying to determine the source of the exposure to *Escherichia coli O157* in the Stephens County area, which has resulted in hospitalizations. "We don't have a source yet," Palmer said. "We're still investigating." Asked what steps Public Health officials are taking in the investigation, Palmer provided the following explanation. "What we do in an investigation is to try to determine the sources, we interview the folks who have it -- who are infected," Palmer said. "We try to find out what they've eaten over the past few days, when the illness started, what they've eaten, where they've eaten, all those questions like that, trying to determine one common thing that might link it together, so the investigation is still going on and the interview to try and find out where it came from." "We have had hospitalizations from it," Palmer said. "I don't know the status of that. I do know that one of the people that was hospitalized has been released, so they all are recovering." Generally, the illness starts about 2 to 3 days after exposure, up to 7 days. It usually starts with stomach cramps, followed by prolonged diarrhea, sometimes bloody diarrhea. Palmer urges anyone who has diarrhea for 2 or 3 days to seek medical advice. He said it is important for those who experience diarrhea to drink lots of fluids to stay hydrated. Asked whether 7 cases is a large number at one time, Palmer said it's hard to say. It does, however, raise a red flag triggering an investigation. "Usually when we have a cluster like that, when it's a half-dozen or so, it raises an alarm for us that hey, something may be going on here and we want to make sure we investigate it, find the source if we can, and fix whatever the problem is," Palmer said. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

RICIN (WASHINGTON): 16 May 2013, Preliminary lab tests indicated the presence of ricin on 2 suspicious letters in Spokane WA, the Postal Service told the APWU on 15 May 2013. The letters are being analyzed and tested further for hazardous material, according to a Mandatory Stand-Up Talk management presented to workers. One letter was addressed to the Spokane Post Office; the other was addressed to a federal judge in Spokane. Both letters were postmarked 14 May 2012. "We have no reason to believe that any employees are at risk from handling the suspect letters as they passed through the mail stream in Spokane," management told employees in the Stand-Up Talk. "The substance involved was not in a form that could be inhaled or otherwise readily ingested. If anyone were to inhale a quantity of ricin large enough to produce symptoms, they most likely would include fever, cough, and difficulty breathing and would appear within 24 hours. If you have not experienced such symptoms, you should not be concerned. If you have, we urge you to let your supervisor know and see your doctor promptly for an evaluation." The APWU will monitor the situation closely, said APWU President Cliff Guffey. "Our members' safety is our primary concern," he said. The union will provide updates as more information becomes available. (Ricin Toxin is

listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (NEVADA): 15 May 2013, A new report shows 200 people reported food poisoning symptoms after dining at one of Las Vegas' most popular restaurants about a block off the Strip. Southern Nevada Health District data released Fri 10 May 2013, show the salmonellosis outbreak at the Firefly restaurant in late April 2013 was more extensive than previously thought. An earlier report showed nearly 90 people sick. Officials say patrons reporting illness hailed from 20 different states and 2 foreign countries. Investigators say they haven't pinpointed a menu item or ingredient that's the likely culprit. Inspectors who visited the restaurant on 26 Apr 2013 documented food stored at improper temperatures and employees handling food without gloves. The restaurant was one of Vegas' most highly rated eateries on the review site Yelp.com. Health District spokeswoman Stephanie Bethel says it was shuttered 26 Apr 2013 and remains closed. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

CRIMEAN-CONGO HEMORRHAGIC FEVER (RUSSIA): 17 May 2013, A confirmed case of Crimean-Congo hemorrhagic fever (CCHF) has been recorded in a resident of the Proletarian District of the Rostov region. CCHF is characterized by severe intoxication, myalgia, fever up to 39-40 C [102-104 F] for 6-12 days. During the height of the infection, a hemorrhagic rash appears on the trunk and extremities accompanied by nasal, uterine, and intestinal haemorrhage. The vector is a tick, which remains infective throughout its life. This year [2013] in the Rostov region, 403 people, including 124 children under the age of 14 years, sought treatment for tick bites. This is the highest number of recorded bites in the Rostov, Volgodonsk, Taganrog, Salsk Peschanokopsky, Semikarakorsky, Tselina, and Sal areas. According to epidemiologists, the majority of municipalities in the Rostov Region are located in areas that are natural foci of CCHF. Members of the Rostov Center for Hygiene and Epidemiology have isolated CCHF virus from ticks sampled in the Proletarian District. To protect against ticks, experts recommend marking locations in forests or parks where there are tick infestations, and visitors should wear appropriate protective clothing and use acaricides [tick pesticides] or repellents. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (AUSTRALIA): 15 May 2013, The number of suspected salmonella cases has reached 100 in the largest outbreak of its kind ever seen in the ACT (Australian Capital Territory). It forced the Canberra and Calvary hospitals to activate their emergency response protocols on Tuesday [14 May 2013] evening, but by Wednesday afternoon, 15 May 2013, that had been cancelled as the number of people presenting at the emergency departments finally began falling. 15 people had been hospitalised by Wed 15 May 2013 evening, with many more having been observed in emergency departments. The outbreak was confined to people who ate at the newly opened Copa Brazilian Churrasco in Dickson on Saturday and Sunday, 11-12 May 2013. "We're really struggling ... to find someone that wasn't sick; almost everyone who ate at the restaurant did get sick, which is unusual," ACT chief health officer Paul Kelly said. "Not only have people been quite severely ill, they've been ill quite quickly, more quickly than we would normally experience from a salmonella outbreak." Environmental health and communicable disease teams continued to work with the chefs and proprietor of the buffet-style restaurant on Wednesday [15 May 2013], trying to pin down the source of the bacterial outbreak, which Dr Kelly said appears to have affected people in large doses. "When we normally do these type of outbreak investigations, it becomes clear fairly early on that it's a particular food that's the problem, and we can deal with that. This is a bit more complex because there's a whole range of meats and salads and sauces, and it seems almost everyone ate everything," he said. "We're working very closely with the restaurant to look at their processes and see exactly what they've been doing, how they've prepared their food. Is it a cross-contamination issue, for example? Is it use of eggs? These are the sort of things we've seen in previous outbreaks." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable